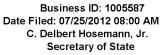
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### DELBERT HOSEMANN Secretary of State

## OFFICE OF THE SECRETARY OF STATE P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

# Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth: (fields marked with an asterisks are required)

. The future of (Complete i	effective date is Applicable) 7/24/2012	Business Email Address: mdoleac@aol.com		
	x ID if available (Do not put Social S			
	Street Address of the Degistered Ag	ent and Registered Office is (must be in Mississippi)		
o. Name and S	Miles C. Doleac	ent and registered Office is (must be in mississippi)		
⇒ *Physical Address	5072 Lincoln Rd. Extension			
⇒ P.O. Box				
*City	Hattiesburg	* State MS * Zip5 - Zip4 39402		
	ted Liability Company is to have a s pany is to dissolve is	pecific date of dissolution, the latest date upon which the		
⇒		to include: (Attach additional pages if necessary)		
b. Other matt	ers the managers or members elect	to include: (Attach additional pages if necessary)		
⇒				
⇒				

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### OFFICE OF THE SECRETARY OF STATE P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

### **Certificate of Formation**

Printed Name	Miles Doleac	* Title Man	aging Member
By: Signature	WAR.	(please	keep writing within blocks)
Street and Mailing Addres			
⇒ * Physical Address	5072 Lincoln Rd. Extension		
⇒ P. O. Box			
⇒ * City	Hattiesburg	State MS	_Zip5 - Zip4 39402
Printed Name	Mackenzie Westmoreland	Me	mber
By: Signature			(please keep writing within blocks)
Street and Mailing Addre	SS		
⇒ Physical Address	16350 Freemanville Road		
⇒ P. O. Box			